

AUG 08 2001

Attorney's Docket No.: 003801.P004

Patent

In re the Application of: Brad Handler

(inventor(s))

Application No.: 09/457,466

Filed: December 8, 1999

For: Integrated Auction

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 6	Minus	** 6	0
Indep. Claims	* 4	Minus	*** 4	0

**First Presentation of Multiple
Dependent Claim(s)**

SMALL ENTITY		
Rate	Additional Fee	
X9	\$	
X40	\$	0
+130	\$	0
Total	\$	0
Add. Fee	\$	0

OTHER THAN A SMALL ENTITY		
Rate	Additional Fee	
X18	\$	0.00
X80	\$	0.00
+260	\$	
Total Add. Fee	\$	0.00

<ul style="list-style-type: none"> * If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3. 	Total Add. Fee	\$ 0	Total Add. Fee
<ul style="list-style-type: none"> ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. 			
<ul style="list-style-type: none"> *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. 			

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

on July 27, 2001
Date of Deposit

Kendra R. Borden

Name of Person Mailing Correspondence

 Name of Person Mailing Con
Signature

7/27/81

Date

A check in the amount of \$_____ is attached for presentation of additional claim(s).

Applicant(s) hereby Petition(s) for a one month Extension of Time pursuant to
37 C.F.R. § 1.136(a).

A check for \$ 110.00 is attached for processing fees under 37 C.F.R. § 1.17.
Please charge my Deposit Account No. 02-2666 the amount of \$_____.

A duplicate copy of this sheet is enclosed.

The Commissioner of Patents and Trademarks is hereby authorized to charge payment
of the following fees associated with this communication or credit any overpayment to
Deposit Account No. 02-2666 (**a duplicate copy of this sheet is enclosed**):

Any additional filing fees required under 37 C.F.R. § 1.16 for presentation
of extra claims.

Any extension or petition fees under 37 C.F.R. § 1.17.

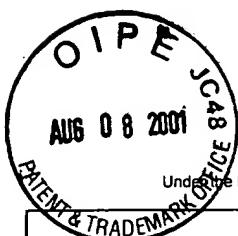
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: 07/27/01



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PTO/SB/17(11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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#10

FEE TRANSMITTAL FOR FY 2001

TOTAL AMOUNT OF PAYMENT (\$) 290.00

Complete if Known:

Application No. 09/457,466Filing Date December 08, 1999First Named Inventor HandlerGroup Art Unit 2161Examiner Name Tran, T.Attorney Docket No. 003801.P004

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name _____

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed: Check
 Credit Card
 Money Order
 Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	
Code	Fee	Code	
101	710	201	Utility application filing fee
106	320	206	Design application filing fee
107	490	207	Plant filing fee
108	710	208	Reissue filing fee
114	150	214	Provisional application filing fee

SUBTOTAL (1) \$ _____

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	- 20** =	X	=
Independent Claims	- 3** =	X	=
Multiple Dependent			=

**Or number previously paid, if greater; For Reissues, see below.

Large Entity Small Entity

Large Entity	Small Entity	Fee Description
Fee	Fee	Fee
Code	Fee	Code
103	18	203
102	80	202
104	270	204
109	80	209
110	18	210
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		**Reissue independent claims over original patent
		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

FEE CALCULATION (continued)

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3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Code	Fee (\$)	Code	Fee (\$)
105	130	205	65
127	50	227	25
			Surcharge - late filing fee or late provisional filing fee or cover sheet
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
			Non-English specification
			For filing a request for ex parte reexamination
			Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*
			Requesting publication of SIR after Examiner action
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	130	123	130
126	180	126	180
581	40	581	40
			Petitions to the Commissioner
			Petitions related to provisional applications
			Submission of Information Disclosure Stmt
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
			For filing a submission after final rejection (see 37 CFR 1.129(a))
			For each additional invention to be examined (see 37 CFR 1.129(b))
			Request for Continued Examination (RCE)
			Request for expedited examination of a design application

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 290.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Libby N. Ho

FIRST CLASS CERTIFICATE OF MAILING

Signature: Libby N. Ho

Date: 07/27/01

Reg. Number: 46774

Telephone Number: (301) 713-1400

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Date of Deposit

Kendra Boedea

Name of Person Mailing Correspondence

K. Boedea 7/27/01 TTO/SB/17

Signature

Date